

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Robert G.</i>		<i>08-10-01</i>
O.I.P.E. CLASSIFIER		<i>2/3</i>	<i>8/17/01</i>
FORMALITY REVIEW	<i>YG</i>	<i>956</i>	<i>09/20/01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>605</i>	<i>03-29-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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*5c/1900*  
*08/13/01*